

TRAVEL EXPENSE REPORT

Children's Hospital Boston



Please refer to Children's Hospital Travel Policy stored under Intranet/Workspace/Finance/Travel Policy, which has guidelines that apply to all business travel.

Traveler Name	Jennifer Zuk		Employee ID #	Ext. 50400
Mailing Address				
City	Carlisle	State	MA	Zip 01741
Department	Developmental Med			
Position	Research Asst.			
Purpose of Trip	CNS meeting in Chicago			
Destination	Chicago, IL	Date of Departure	3/31	Date of Return 4/3
(City / State / Foreign Country)		Paid by Employee	Prepaid by Hospital	
EXPENSES (Please attach original receipts & itemized bills)				
Transportation - Air - Between _____ and _____ Round trip <input type="checkbox"/> Yes <input type="checkbox"/> No \$ 557.20				
Airline Ticket Class: _____				
Other (specify) _____				
Lodging (specify gratuities) _____				
Meals (actual cost up to daily maximum) 125.00				
Seminar / Meeting fees CNS meeting 125.00				
Other expenses (itemize ground transportation, etc) CNS meeting cost 65.00				
Traveler's Signature	Date	Total Expenses	\$ 747.20	
Total Authorized \$ 747.20				
Grand Total Trip Expense (Prepaid & Paid by Employee) \$ -				
Less: Advance Received / Prepaid \$ -				
Amount Due to / from Employee \$ 747.20				

CHARGE TO:

BUSINESS UNIT (GENPD, IDEFD, RSTFD, MEDCR, WALMC)	ACCOUNT	DEPT. ID	PROJECT ID	PRODUCT	AMOUNT
RSTFD	715010	41240	70289	01	\$ 747.20

APPROVALS If this travel is being charged to a sponsored research fund or other grant, contract or written agreement, the PI's or authorized administrator's approval signature is certification that the traveler has worked on this project and that the trip is appropriate to the project.

	SIGNATURE	PRINT LAST NAME	EMPLOYEE ID #	DATE
Manager			6 DIGIT	
Director				
Vice President				
Restricted Funds (RSTFD/IDEFD)	WAB	6AAB	127618	4/5/12

03870 2/08 25/PKG



